

IMPLICATIONS OF THE HEALTH OMNIBUSLAW LAW FOR THE WELFARE OF THE COMMUNITY AND MEDICAL PERSONNEL

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ABSTRACT

The Health Omnibuslaw Bill was passed into law through a plenary meeting on July 11 2023 which sparked polemics among the public because the government was deemed to be less transparent and too hasty in passing the bill. This article will examine the implications of the Health Omnibus Law for the welfare of society and medical personnel. The research method used is the normative legal method. Meanwhile, the approaches are a statutory approach and a conceptual approach. The research results show that the impacts that will occur on the community and also medical personnel are: first, eliminating mandatory spending will be a burden on the community. Second, there is a greater opportunity for foreign medical personnel to practice, which results in a decline in Indonesian medical personnel. This regulation is considered to liberalize the workforce in the health industry. Apart from the negative impacts, there are also positive impacts, including: medicines and medical devices have the potential to be cheaper, easier access to public health by increasing the number of doctors, and access to information systems that are fragmented to become integrated.

Keywords: *Implications, Welfare, Society, Health Omnibuslaw.*

INTRODUCTION

In life, humans always need various means that must be fulfilled to maintain and develop their lives. One of these life needs is to fulfill health needs, namely to maintain and develop life. Health is a very important element of the quality of life in national development to realize the complete Indonesian human being, because health concerns all aspects of life and covers all human life, both past life, present life and

future life.¹

Indonesia has been hit by the Covid-19 pandemic since 2020, which has made people panic because their health is threatened by the virus. The state has the responsibility to protect the entire nation, in this case the community, in accordance with the preamble to the 4th paragraph of the 1945 Constitution of the Republic of Indonesia, of course various efforts have been made by the government starting in fundamental aspects by issuing policies at the national and regional levels and the government also ensures that in terms of health problems it is able to controlled so that it does not have an impact on the running of government and community activities also run even though the majority of activities are diverted to online spaces.²

Policies regarding national health are contained in Law Number 36 of 2009 concerning Health. Since two years the Covid-19 pandemic has been present in society and by looking at the dynamics of health problems that have occurred so far,³ we have presented a discourse on revising the Health Law which has been in effect for 14 years. The government's efforts to revise Law No. 36 of 2009 were discussed using the omnibuslaw method, meaning combining several laws and regulations in the health sector into one law, in this case known as the Health Omnibuslaw Bill. This news first spread in 2022, and looking at the dynamics of the Health Omnibuslaw Bill, it turns out that it is not just a discourse but has been included in the priority bill or national program for 2023. The Health Omnibuslaw Bill is the second legislative product made by the government using the omnibus method after the Law. Job Creation Omnibuslaw.⁴

Since the emergence of the discourse on the Health Omnibuslaw Bill, it has caused reactions from various elements of society such as legal and health practitioners and health professional organizations, in terms of the method of establishing the omnibuslaw there are still pros and cons. Apart from the substance of

¹Rahman Syamsuddin, *Introduction to Indonesian Law* (Prenadamedia Group 2019), [1].

²Herdiyan Maulana, *Mental Health During the Pandemic in Indonesia* (Syiah Kuala University Press 2021), [7].

³Aini Shalihah, 'Implementation of Salus Populis Suprema Lex amidst the chaos of Indonesia's PPKM policy' (2022), 7 *Justisia Journal: Journal of Law, Legislation and Social Institutions*, [18].

⁴Ricca Anggraeni & Cipta Indra Lestari Rachman, 'Omnibus Law in Indonesia: is that the right strategy?' (2020), 140 *Advances in Economics, Business and Management Research*, [180-182].

the draft Health Omnibuslaw Bill which is circulating, it has also caused polemics among health professional organizations because there are several articles which are considered to have an impact on the criminalization of public health workers.

Through a plenary session on July 11 2023, the DPR passed the Health Omnibuslaw Bill into law. This has certainly sparked polemics among the public because the government is considered to be less than transparent and too hasty in passing the Health Omnibuslaw Bill. Various health professional organizations took action in front of the parliament building because there were still several articles that were considered problematic. Not only that, the ratification of the Health Omnibuslaw Bill also invited legal practitioners and academics to comment because the drafting of the bill was still not in accordance with the Law on the Establishment of Legislative Regulations, especially in the aspects of openness/transparency and public participation.

Therefore, in responding to national health challenges, it is necessary to look at the proportionality side, which includes reviewing the implications of the Health Omnibuslaw Bill. This article will examine the implications of the Health Omnibuslaw Law for the welfare of the community and medical personnel and then aim to find out the implications of the Health Omnibuslaw Law for the welfare of the community and medical personnel.

RESEARCH METHODS

The type of research used in this paper uses normative legal methods. Normative legal research is library legal research carried out by examining library materials such as laws and other statutory regulations.⁵Meanwhile, the approaches used are the statutory approach *and* the conceptual approach . The statutory approach *is* research that prioritizes legal materials in the form of statutory regulations as basic reference material in conducting research. The conceptual approach *is* research used to describe and analyze problems that arise from the existence of empty norms. This means that in the current legal system there are no or no norms of statutory

⁵Peter Mahmud Marzuki, *Legal Research* (Prenadamedia Group 2017), [9].

regulations that can be applied to legal events or concrete legal disputes. ⁶Like this article, it examines the Health Omnibuslaw Bill which has become law as an object of research and is also equipped with relevant health legal concepts.

The author's analysis in this article is slightly different from research that has been written previously which usually talks about the existence and implementation of the Health Bill in the constitution. So this article will discuss the implications of the Health Omnibuslaw Law for the welfare of society and medical personnel by focusing on articles that are considered problematic in the Health Omnibuslaw Law which will later be linked to relevant concepts in health law.

RESULT AND DISCUSSION

Analysis of Controversial Articles in the Health Omnibuslaw Law

Development in the health sector is a priority because health is a fundamental right of every individual whose existence is regulated in various regulations, both on an international and national scale. ⁷Internationally, the right to health is regulated in Article 25 paragraph (1) of the United Nations (UN) Declaration of 10 December concerning Human Rights (HAM):⁸

"Everyone has the right to a standard of living adequate for the health and well being of himself and of his family including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability , widowhood, old age or other lack of livelihood in circumstances beyond his control".

In general, it can be translated and stated that: "Every person has the right to a standard of living that guarantees health and good conditions for himself and his family, including food, clothing, housing and health care, as well as necessary social efforts and is entitled to guarantees at any time." experiencing unemployment, widowhood, old age or experiencing a lack of income, lack of other means of

⁶I Made Pasek Diantha, *Normative Legal Research Methodology in Justifying Legal Theory* (Kencana 2017), [14].

⁷Tutik Triwulan Point, *Construction of Indonesian Constitutional Law Post-Amendment to the 1945 Constitution* (Kencana Prenada Media Group 2016), [86].

⁸ Article 25 paragraph (1) of the United Nations (UN) Declaration of 10 December concerning Human Rights (HAM).

livelihood in circumstances beyond their control."⁹

Bearing in mind the importance of developing the health sector in realizing a prosperous society, the 1945 Constitution of the Republic of Indonesia as a result of the amendment to Article 28H paragraph (1) ¹⁰emphasizes that: "Everyone has the right to a healthy life and the right to obtain health services" and "The State is responsible for the provision of health services and facilities proper public services " (Article 34 paragraph 3). ¹¹In order to fulfill the right to health and the State's duties in providing health facilities, its implementation is guided by article 34 paragraph (2), ¹²namely "The State develops a social security system for all people and empowers the weak and underprivileged in accordance with human dignity".

Some time ago, the government enacted the Health Bill into Law using the omnibuslaw method which then sparked public polemic because the enactment of the law was deemed not to have been transparent and the government was too hasty in enacting the bill into law and not only that, there were still several articles that problematic in the health omnibuslaw law. The following will explain the problematic articles in the Health Omnibuslaw Law.

Article 145 paragraph (3):¹³

"Under certain conditions, pharmaceutical practice as referred to in paragraph (1) can be carried out by other health workers on a limited basis apart from pharmaceutical workers."

Article 145 of the Health Omnibuslaw Law regulates pharmaceutical practice. Paragraph (1) regulates that pharmaceutical practice must be carried out by pharmacists. In the explanation of paragraph (3) it is stated that some of the conditions referred to are the absence of pharmaceutical personnel, the need for government programs, and/or unusual conditions such as epidemics and disaster emergency levels.

⁹ Tutik Quarterly Point, *Restoration of Indonesian Constitutional Law Based on the 1945 Constitution of the Republic of Indonesia* (Deepublish 2017), [613].

¹⁰Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia.

¹¹Article 34 paragraph (3) Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia of 2009 Number 13).

¹²Article 34 paragraph (2) Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia of 2009 Number 13).

¹³Article 145 paragraph (3) Law Number 17 of 2023 concerning Health Omnibuslaw (State Gazette of the Republic of Indonesia of 2023 Number 65).

Meanwhile, what is meant by other health workers are doctors, dentists, midwives and nurses. IAI questioned this policy because it was thought to reduce absorption by pharmacists. In fact, he continued, every year thousands of pharmacists take the oath.

Article 149 paragraph (2):¹⁴

"Addictive substances as referred to in paragraph (1) include all tobacco products whose use can cause harm to themselves and/or society."

This article refers to tobacco products as addictive substances. In paragraph (1) it is stated that the use of substances is directed so that it does not harm health and does not cause health hazards. Meanwhile, in the explanation, a substance is defined as a product whose use can cause harm to oneself and/or the surrounding community. Opponents argue that this new regulation violates existing laws because tobacco is a strategic plantation commodity in Law no. 39/2014 concerning Plantations. Meanwhile, supporters actually want more bans on advertising, promotion or sponsorship of the cigarette industry which is considered to often target Indonesia's young generation.

Article 246-Article 257, ¹⁵in this provision discusses foreign medical and medical personnel working in Indonesia. This regulation is controversial, because it is considered to liberalize the workforce in the health industry. For example, the Democratic Party, which is one of the parties that rejects the Omnibus Law on Health, highlights signs that it is easier for foreign medical and health workers to practice in Indonesia. They are worried that this will reduce the status of Indonesian doctors in their country. Further criticizing this regulation was the Minister of Health (Menkes) who appealed to medical and health personnel not to be afraid to compete. According to him, people who enter medical colleges in Indonesia are smart people. Opening the market to foreign medical and health personnel is the same as allowing foreign banks to enter to boost the national economy, as happened when Indonesia was hit by the financial crisis in 1998.

¹⁴Article 149 paragraph (2) Health Omnibuslaw Law (State Gazette of the Republic of Indonesia of 2023 Number 67).

¹⁵Explanation of Articles 246-257 of Law Number 17 of 2023 concerning Health Omnibuslaw (State Gazette of the Republic of Indonesia of 2023 Number 105-110).

Article 260 paragraph (2):¹⁶

"The STR as intended in paragraph (1) is issued by the council on behalf of the minister after fulfilling the requirements."

This article means that the implementation of STR must now require the "approval" of the current Minister of Health. Different from what is in the previous regulations, namely in Article 29 Paragraph (2) ¹⁷of Law no. 29 of 2004 concerning Medical Practice (UU PK) regulates that STRs can be issued by administrators without any frills "on behalf of" the minister. The existence of article 260 of the Health Omnibuslaw Law seems to broaden the duties of the minister of health in terms of recognizing health workers.

Article 263 paragraph (4):¹⁸

"Under certain conditions, the minister can issue a SIP."

In the explanation of this paragraph, it is said that certain conditions arise as conditions that require accelerated performance of health and medical personnel. Previously in the PK Law and ratified in Minister of Health Regulation no. 2052/2011, SIP can only be issued by the head of the district/city health service. An anonymous minister can issue a SIP. Likewise, Article 260 seems to expand the duties of the Minister of Health in terms of recognizing health workers.

Article 264 paragraph (1):¹⁹

"To obtain a SIP as intended in Article 263 paragraph (2), certain Medical Personnel and Health Personnel must have: a. STR; and b. practice place."

In this regulation, it can be interpreted that obtaining a SIP for medical and health personnel no longer requires a referral letter from a professional organization as previously regulated in article 38 paragraph (1) of the PK Law and identified as

¹⁶Article 260 paragraph (2) Law Number 17 of 2023 concerning Health Omnibuslaw (State Gazette of the Republic of Indonesia of 2023 Number 112).

¹⁷ Article 29 Paragraph (2) Law Number 29 of 2004 concerning Medical Practice (State Gazette of the Republic of Indonesia of 2004 Number 17).

¹⁸ Article 263 paragraph (4) Law Number 17 of 2023 concerning Health Omnibuslaw (State Gazette of the Republic of Indonesia of 2023 Number 112).

¹⁹ Article 264 paragraph (1) Law Number 17 of 2023 concerning Health Omnibuslaw (State Gazette of the Republic of Indonesia of 2023 Number 113).

recognized in Minister of Health Regulation No. 2052/2011.²⁰IDI (Indonesian Doctors Association) used to be the only professional organization for doctors to emphasize this policy and it seems that now their role has been revoked. In fact, IDI is a trusted place that is an important reference to ensure that prospective health workers are healthy and free from traces of ethical or moral problems.

Article 311 paragraph (1):²¹

"Medical personnel and health workers can form professional organizations."

This regulation can be interpreted as meaning that now all groups of health workers and health workers are allowed to form professional organizations. In the PK Law, the Indonesian Doctors Association (IDI) is the only forum for the medical profession in Indonesia. Meanwhile, for dentists, the professional organization is the Indonesian Dentists Association (PDGI). Thus, it can be said that in the future the IDI and PDGI professional organizations will no longer only exist, but their existence will be recognized by the government. IDI itself rejects the new regulations because it is worried that there will be double standards in medical ethics, which in turn will give rise to protests that prevent people from enjoying their rights.

Not only that, in the health omnibus law, it was agreed to eliminate the central government's health budget allocation (mandatory spending). Several factions from the Democratic Party and the Prosperous Justice Party (PKS) rejected the repeal but were outnumbered. Previously, referring to article 171²² of Law no. 36/2009 concerning Health, the State is obliged to provide health financing of 5 percent of the APBN and 10 percent of the APBD. The elimination of mandatory spending itself is a proposal put forward by the government. According to the Minister of Health, eliminating the mandatory spending system is necessary because so far allocations in the health sector have not been smooth. Therefore, the former Deputy Minister of BMN admitted that currently his party is preparing other ways to allocate budgets in the health sector that are more efficient and effective. Finally, the government and DPR agreed to establish a

²⁰ Article 25 Minister of Health Regulation Number 2052 of 2011 concerning Practice Permits and Implementation of Medical Practice (State Gazette of the Republic of Indonesia of 2011 Number 15).

²¹ Article 311 paragraph (1) Law Number 17 of 2023 concerning Health Omnibuslaw (State Gazette of the Republic of Indonesia of 2023 Number 133).

²² Article 171 of Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia of 2009 Number 65).

performance-based budgeting system.

Then in CHAPTER XII ²³of the new health law specifically addresses unusual events and epidemics. There are 48 articles in this article, but none of them regulates the state's obligation to meet the basic needs of society when an extraordinary event (KLB) or disease outbreak occurs.

In the sub-section of rights contained in article 392 it only states:²⁴

"Every person who is sick or suspected of being sick as a result of a disease or health problem that causes an outbreak or as a result of a disease that causes an outbreak that has been designated as an outbreak or epidemic has the right to receive health services whose funding comes from the central government and/or regional government."

The PKS faction had time to highlight this negligence. Even though Article 52 paragraph (1), and Article 58 of Law no. 6/2018 (Health Quarantine Law) already states:²⁵

"During the implementation of home/regional/hospital quarantine, basic living needs for people (and food for livestock) who are in home/regional/hospital quarantine are the responsibility of the central government."

The PKS faction considers ignoring similar provisions in the health omnibus law to be an abdication of the state's responsibility to the people during the epidemic. Furthermore, after the Health Omnibuslaw Law was promulgated, the Health Quarantine Law was automatically canceled and declared invalid (Article 454). The PKS faction pointed out that the Covid-19 pandemic should be an example of how people suffer during the quarantine period, especially as movement restrictions have a negative impact on the economy. Therefore, the role of the state in meeting people's basic needs must be emphasized more until the epidemic is eradicated.

Finally, the PKS faction also noted that there are at least 101 provisions in the Health Omnibuslaw Law that need to be further regulated in a Government Regulation (PP). In addition, Article 456 requires implementing regulations to come into force no

²³Chapter XII of Law Number 17 of 2023 concerning Health Omnibuslaw (State Gazette of the Republic of Indonesia of 2023 Number 130-133).

²⁴ Article 392 of Law Number 17 of 2023 concerning Health Omnibuslaw (State Gazette of the Republic of Indonesia of 2023 Number 171).

²⁵ Article 52 paragraph (1) and Article 58 of Law Number 6 of 2018 concerning Health Quarantine (State Gazette of the Republic of Indonesia of 2018 Numbers 33 and 35).

later than one year after the Health Law comes into force. Therefore, it is feared that there will be too many regulations and the drafting of implementing regulations will also be rushed.

Implications of the Health Omnibuslaw Law for the Welfare of the Community and Medical Personnel

In the previous discussion, problematic articles in the health omnibus law law were explained. Where several articles contained in the law are quite complex. Therefore, the next discussion will explain the implications of the health omnibus law for the welfare of society and medical personnel.

The idea of a health omnibus law as a national legal policy in an effort to improve levels Public health in Indonesia has recently become a hot topic of discussion among the government and health profession. Rejection regarding efforts to implement the Omnibus Health Law in Indonesia came from various health professional groups. When referring to Indonesia which is a member of the WTO and GATS, So Indonesia must prepare itself from an early age both in terms of regulations based on existing commitments agreed in the agreement as well as readiness to compete fairly with fellow countries members, especially in the health sector.²⁶

From several problematic articles that have been explained in the previous discussion, the impacts that will occur on the community and also medical personnel are: *first*, the elimination of *mandatory spending* will be a burden on the community. The omnibus law on health has eliminated *mandatory spending* . In the previous Health Law (Law Number 36 of 2009) in p 171 it was regulated that the amount was 5 percent of the APBN and 10 percent of the APBD excluding salaries. Therefore, the elimination of *mandatory spending* in the omnibus law on health will further increase the health costs borne by the community. Indeed, improvements in health quality cannot be expected from programs run by local governments. Not only that, the elimination of *mandatory spending* is also considered to violate the Abuja Declaration of the World Health Organization (WHO).²⁷

²⁶I Nyoman Bagiastra, 'The Idea of Health Omnibuslaw as a National Legal Policy in an Effort to Increase the Level of Public Health in Indonesia' (2023), 23 *Journal of De Jure Legal Research*, [37].

²⁷Adhi Setyo Prabowo et al, 'Legal Politics of Omnibus Law in Indonesia' (2020), 13 *Pamator Journal: Trunojoyo University Scientific Journal*, [1-3].

Second, there is a greater opportunity for foreign medical personnel to practice, which results in a decline in Indonesian medical personnel. Articles 246-Article 257, in the omnibus law on health, discuss foreign medical and medical personnel working in Indonesia. This rule is controversial, because it is considered to liberalize the workforce in the health industry. Highlights signs that it is easier for foreign medical and health workers to practice in Indonesia. In this case, they are worried that it will reduce the status of Indonesian doctors in their country. Further criticizing this regulation was the Minister of Health (Menkes) who appealed to medical and health personnel not to be afraid to compete. According to him, people who enter medical colleges in Indonesia are smart people. Opening the market to foreign medical and health personnel is the same as allowing foreign banks to enter to boost the national economy, as happened when Indonesia was hit by the financial crisis in 1998.

From the several impacts that have been explained, it turns out that besides the negative impacts there are also positive impacts from the existence of the omnibus law on health, including: medicines and medical devices have the potential to be cheaper, facilitate access to public health by increasing the number of doctors, access to information systems that are fragmented to become integrated, and more preventive. via primary access.

CONCLUSION

The presence of the Health Omnibuslaw Law has had its pros and cons because it is considered that the government was too hasty in passing the law so that there are still several problematic articles, so the impacts that will occur on the community and also medical personnel are: *first*, the elimination of *mandatory spending* will be a burden on the community. The omnibus law on health has eliminated *mandatory spending* . In the previous Health Law (Law Number 36 of 2009) in p 171 it was regulated that the amount was 5 percent of the APBN and 10 percent of the APBD excluding salaries. Therefore, the elimination of *mandatory spending* in the omnibus law on health will further increase the health costs borne by the community. Indeed, improvements in health quality cannot be expected from programs run by local governments. Not only that, the elimination of *mandatory spending* is also considered

to violate the Abuja Declaration of the World Health Organization (WHO). *Second*, there is a greater opportunity for foreign medical personnel to practice, which results in a decline in Indonesian medical personnel. Articles 246-Article 257, in the omnibus law on health, discuss foreign medical and medical personnel working in Indonesia. This rule is controversial, because it is considered to liberalize the workforce in the health industry. Highlights signs that it is easier for foreign medical and health workers to practice in Indonesia. In this case, they are worried that it will reduce the status of Indonesian doctors in their country. From the several impacts that have been explained, it turns out that besides the negative impacts there are also positive impacts from the existence of the omnibus law on health, including: medicines and medical devices have the potential to be cheaper, facilitate access to public health by increasing the number of doctors, access to information systems that are fragmented to become integrated, and more preventive. via primary access.

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